ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONS FORMALITY REVIEW	FR A·M	1618 1018 50 580	1/3/61 8-0101 02-22-02	

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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